

CLAIMS ONLY							Application Number <u>101659592</u>	Filing Date	
							Applicant(s)		
							* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/					51			
2	/					52			
3	/					53			
4	/					54			
5	<u> </u>					55			
6	/					56			
7	/					57			
8	/					58			
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10	/					60			
11	/					61			
12	/					62			
13	/					63			
14	<u> </u>					64			
15	/					65			
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41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
Total Indep	3					Total Indep			
Total Depend	10	←	←	←		Total Depend	←	←	←
Total Claims	18					Total Claims			